

Personal Wellness Plan

Patient Information
Name:
Age:
Gender:
Contact Number:
Email Address:

Health Assessment
Weight:
Height:
BMI:
Blood Pressure:
Other Health Data:

Wellness Goals
Short-Term Goal:
Long-Term Goal:

Physical Health Plan
Exercise Routine:
Dietary Changes:
Sleep Schedule:

Mental Health Plan
Stress Management:
Mindfulness Activities:
Therapy Sessions:

Emotional Well-being

Self-Care Activities:

Social Support:

Hobbies/Interests:

Lifestyle Adjustments

Work-Life Balance:

Time Management:

Other Changes:

Progress Tracking

Follow-up Appointments:

Wellness Journal:

Health Metrics:

Doctor's Signature



Name:

Date: